

*~PLEASE SIGN AND RETURN WITH PAYMENT TO~*

***TOWN OF LEO-CEDARVILLE – PO BOX 408 – LEO, IN 46765***

I HAVE READ AND AGREE TO THE PAVILION RENTAL  
CONDITIONS AS STATED. I FURTHER AGREE THAT IF I BREECH  
THIS AGREEMENT I WILL PAY THE TOWN FOR ANY DAMAGES  
INCURRED. IF THE TOWN IS REQUIRED TO BRING LEGAL  
ACTION TO COLLECT DAMAGES INCURRED, I AGREE THAT I  
WILL BE RESPONSIBLE TO PAY COSTS, LEGAL FEES, AND  
PREJUDGMENT INTEREST AT THE RATE OF 10%.

RENTAL DATE \_\_\_\_\_ YEAR \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE REQUIRED **X** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

ALTERNATE PHONE (optional) \_\_\_\_\_

DO YOU LIVE WITHIN THE TOWN OF LEO-CEDARVILLE?  
YES OR NO?

OFFICE USE ONLY:

DATE RECEIVED \_\_\_\_\_

KEY # ISSUED \_\_\_\_\_

CHECK # \_\_\_\_\_

DATE KEY RETURNED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

CONFIRMATION SENT \_\_\_\_\_